

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request:	2 Serial/Patent #	11/15/1985		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing				\$ 500
Amendment				\$
Extension of Time				\$
Notice of Appeal/Appeal				\$
Petition				\$
Issue				\$
Cert of Correction/Terminal Disc.				\$
Maintenance				\$
Assignment				\$
Other				\$
		7 TOTAL AMOUNT OF REFUND	\$ 500	
10 REASON:		8 TO BE REFUNDED BY:		
Overpayment	<input checked="" type="checkbox"/>	Treasury Check		
Duplicate Payment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:		
No Fee Due (Explanation):	9 10-0750			
11 REFUND REQUESTED BY:		TITLE: _____		
TYPED/PRINTED NAME: _____		PHONE: _____		
SIGNATURE: _____				
OFFICE: ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: _____		DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B